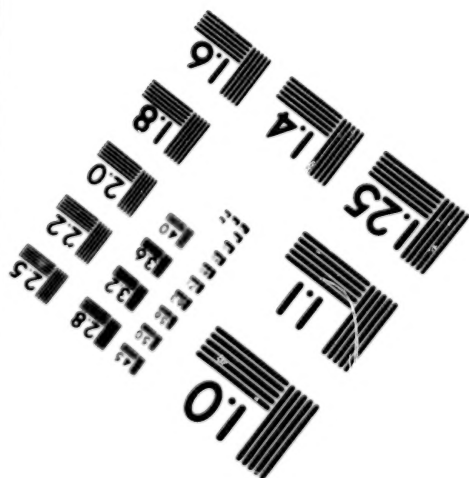
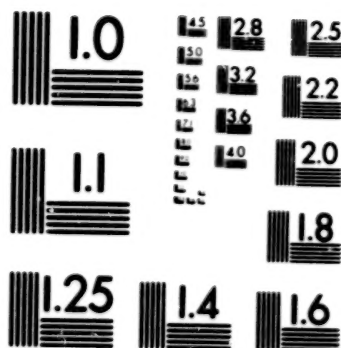


IMAGE EVALUATION TEST TARGET (MT-3)



Photographic
Sciences
Corporation

23 WEST MAIN STREET
WEBSTER, N.Y. 14580
(716) 872-4503

JPRS 80533

9 April 1982

Worldwide Report

EPIDEMIOLOGY

No. 273

FBIS FOREIGN BROADCAST INFORMATION SERVICE

NOTE

JPRS publications contain information primarily from foreign newspapers, periodicals and books, but also from news agency transmissions and broadcasts. Materials from foreign-language sources are translated; those from English-language sources are transcribed or reprinted, with the original phrasing and other characteristics retained.

Headlines, editorial reports, and material enclosed in brackets [] are supplied by JPRS. Processing indicators such as [Text] or [Excerpt] in the first line of each item, or following the last line of a brief, indicate how the original information was processed. Where no processing indicator is given, the information was summarized or extracted.

Unfamiliar names rendered phonetically or transliterated are enclosed in parentheses. Words or names preceded by a question mark and enclosed in parentheses were not clear in the original but have been supplied as appropriate in context. Other unattributed parenthetical notes within the body of an item originate with the source. Times within items are as given by source.

The contents of this publication in no way represent the policies, views or attitudes of the U.S. Government.

PROCUREMENT OF PUBLICATIONS

JPRS publications may be ordered from the National Technical Information Service, Springfield, Virginia 22161. In ordering, it is recommended that the JPRS number, title, date and author, if applicable, of publication be cited.

Current JPRS publications are announced in Government Reports Announcements issued semi-monthly by the National Technical Information Service, and are listed in the Monthly Catalog of U.S. Government Publications issued by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Correspondence pertaining to matters other than procurement may be addressed to Joint Publications Research Service, 1000 North Glebe Road, Arlington, Virginia 22201.

9 April 1982

WORLDWIDE REPORT EPIDEMIOLOGY

No. 273

CONTENTS

WORLDWIDE AFFAIRS

- Foot-and-Mouth Disease Found in Poland, GDR; Widens in Denmark
(BERLINGSKE TIDENDE, 22 Mar 82) 1

HUMAN DISEASES

ANGOLA

- Minister Comments on National Health Conditions
(JORNAL DE ANGOLA, 26 Feb 82) 2
- Briefs
- Measles, Malaria in Malanje 5
 - Poor Health Situation in Kuando Kubango 5

AUSTRALIA

- Hepatitis B Common; Epidemic of Hepatitis A Threatens
(Sue Cook; THE AUSTRALIAN, 4 Feb 82) 6

BOLIVIA

- Floods Threaten To Cause Epidemics
(Eduardo Paz; AFP, 20 Mar 82) 7

GHANA

- Guinea Worm Disease Affects More Areas
(DAILY GRAPHIC, various dates) 9
- Takoradi Region Affected, by Kwame Penni
Brong-Ahafo Region Hit, by Abdul Aziz Kassim

Briefs		
	Schistosomiasis, Meningitis Outbreaks	11
	Italian Leprosy Assistance	11
GUINEA-BISSAU		
Briefs		
	Incidence of Onchocerciasis	12
INDONESIA		
Briefs		
	Dengue Fever in Aceh	13
ISRAEL		
	New Antimalaria Drug Being Developed at Hebrew University (HA'ARETZ, 31 Jan 82)	14
LIBYA		
	Health Care Program Presented (JAMAHIRIYAH REVIEW, Feb 82)	16
MALAYSIA		
	Hundreds of Hepatitis Cases in Sabah (NEW STRAITS TIMES, 5 Mar 82)	17
	Outbreak of Dengue Fever Reported (NEW STRAITS TIMES, 1 Mar 82)	18
MEXICO		
	Central Americans Overwhelm Health Services (EL SOL DE MEXICO, 15 Feb 82)	19
MOZAMBIQUE		
Briefs		
	Cholera Outbreak Contained	21
NEW ZEALAND		
	Medical Authorities Alerted to Australian Staph Epidemic (THE NEW ZEALAND HERALD, 6 Mar 82)	22
PAKISTAN		
	Expansion of Medical Services Urged (MORNING NEWS, 17 Mar 82)	23

JPMC Cancer Treatment Facilities (Lionel Andrades; MORNING NEWS, 13 Mar 82)	24
Radical Program Needed in Dermatology (Editorial; DAWN, 13 Mar 82)	25
Child Care Plan To Be Launched in Sind (MORNING NEWS, 10 Mar 82)	26
PEOPLE'S REPUBLIC OF CHINA	
Briefs	
Hunan Conference on Diseases	27
SAO TOME AND PRINCIPE	
Briefs	
Fight Against Malaria	28
SAUDI ARABIA	
New Women's Hospital Under Construction (ARAB NEWS, 26 Feb 82)	29
SOUTH AFRICA	
Briefs	
Bubonic Plague Report	31
Suspected Plague Case	31
Cholera in Rivers	31
Cholera in Natal Rivers	32
SWAZILAND	
Briefs	
Cholera Declines	33
SWEDEN	
Briefs	
Viral Hepatitis Threat	34
TANZANIA	
Briefs	
Three Morogoro Cholera Deaths	35
TURKEY	
Mange Reportedly Widespread in Adana Province (YENI ADANA, 8 Jan 82)	36

Winter Malaria Eradication Campaign Under Way (YENI ADANA, 19 Jan 82)	37
Turkish Organ Transplant Issue Assessed (Ufuk Guldemir; CUMHURIYET, 7 Jan 82)	38
ZAMBIA	
Briefs	
Conjunctivitis Outbreak	41
ANIMAL DISEASES	
ANGOLA	
Briefs	
December Animal Diseases Statistics	42
DENMARK	
Foot-and-Mouth Disease Seriously Hurting Farmers (Bo Engzell; DAGENS NYHETER, 20 Mar 82)	43
Nordic Countries Halt Imports of Danish Meat Due to Disease (Thomas Jonsson; DAGENS NYHETER, 20 Mar 82)	46
INDONESIA	
Briefs	
Septicemia Epizootica	48
Cattle Disease in Bali	48
MOZAMBIQUE	
Briefs	
Measures Against African Swine Fever	49
NEW ZEALAND	
Some Meat Works May Not Meet EEC Hygiene Standards (THE NEW ZEALAND HERALD, 19 Feb 82)	50
Methods of Preventing Facial Eczema Termed Too Costly (THE NEW ZEALAND HERALD, 19 Feb 82)	51
SOUTH AFRICA	
Briefs	
Anthrax Outbreak	52

ZAMBIA

Briefs

Foot-and-Mouth Disease Spreads	53
--------------------------------	----

PLANT DISEASES AND INSECT PESTS

INTER-AMERICAN AFFAIRS

Briefs

Meeting on Banana Disease	54
---------------------------	----

BANGLADESH

Briefs

DDT Spray	55
-----------	----

MOZAMBIQUE

Aerial Spraying Against Quelea Bird Plague (DIARIO DE MOZAMBIQUE, 27 Feb 82)	56
---------------------------------------------------------------------------------------	----

NEW ZEALAND

Virus Caused by Aphids Reduces Sugar Beet Yields (THE PRESS, 19 Feb 82)	58
----------------------------------------------------------------------------------	----

TANZANIA

Armyworms Expected in Additional Regions (DAILY NEWS, various dates)	60
-------------------------------------------------------------------------------	----

March 8 Forecast
Attacks in Singida Region

Armyworms Could Surprise Peasants in Three Regions (Halima Shariff; DAILY NEWS, 11 Mar 82)	61
-----------------------------------------------------------------------------------------------------	----

FOOT-AND-MOUTH DISEASE FOUND IN POLAND, GDR; WIDENS IN DENMARK

Copenhagen BERLINGSKE TIDENDE in Danish 22 Mar 82 p 1

[Article: "Suspicion of More Hoof-and-Mouth Disease"]

[Text] Yesterday there appeared 3 more cases of suspected hoof-and-mouth disease, reported the veterinary authorities yesterday afternoon.

The suspected stocks were on Djursland, at Ringsted and in the village of Kappendrup, which is near Odense. Tests of samples [of possibly infested animals] from the Sjaelland and the Fyn stocks have now been sent to the State Veterinary Institute for Virus Research at Lindholm, near the town of Mon. The results are expected soon.

Local quarantining was undertaken in Kappendrup, which lies outside the area of observation established around a farm near Braenderup on East Fyn, where hoof-and-mouth disease has been confirmed.

The Veterinary Directorate yesterday redistributed a report from the EC Commission on confirmed hoof-and-mouth disease in Poland. A few days ago it was revealed that stocks near Rostock in the GDR had been hit.

Agricultural Minister Bjorn Westh said earlier in the day that Denmark would attempt to restart [meat] exports from Sjaelland and Jutland if the United States, Canada and Japan do not ease the present restrictions by themselves. The minister will inform the export markets on Denmark's geography and how its veterinary medicine operates.

The Danish Meat Cutters' National Association thinks that reduced prices will already be seen this week in shops. Precooked meat and pork loin will fall most in price, about 3 kroner per kilogram. Other meats will be reduced by about a couple of kroner per kilogram.

CSO: 5400/2117

MINISTER COMMENTS ON NATIONAL HEALTH CONDITIONS

Luanda JORNAL DE ANGOLA in Portuguese 26 Feb 82 p 3

[Text] ANGOP--"At present we depend 100 percent on imports for our medicines and the supply has been uneven because of problems with budget funds that are usually not available throughout the year, before contracts are fully executed," said Mendes de Carvalho, Minister of Health of the People's Republic of Angola and a member of the Central Committee of the MPLA-Labor Party.

Mendes de Carvalho, who said this is one of the reasons for a shortage of medicine in the country, added that this has happened every year since independence. "Purchases were interrupted in April 1981, which led to the current situation," he said.

"Another factor is delays in shipment of the medicine; ships spend a long time offshore waiting to be unloaded because there are other loads with higher priority. For example, there are ships with medicines waiting to be unloaded since May of last year," he said.

The situation is becoming more serious now, according to the Angolan health minister, because hospitals are short of serum, although emergency measures have been adopted to solve the immediate problem. "I should also point out that there have been repeated robberies at places where imported medicines are kept," Mendes de Carvalho continued.

In reply to a question regarding the main endemic diseases in Angola, the health minister listed malaria, acute respiratory diseases (primarily whooping cough), acute diarrhea, schistosomiasis, measles, tuberculosis, venereal diseases and leprosy, among others.

"The situation is generally aggravated by the nutritional deficiency of the people, especially the children in some areas of our country with problems of war," Mendes de Carvalho added.

The health minister reported that cases of sleeping sickness had increased considerably in Zaire and Uige provinces, where the disease is most prevalent. Health units in the Republic of Zaire, however, are being contacted to coordinate joint activities to eradicate this disease that also afflicts people in that neighboring country living along the border with Angola.

"Even though there is no danger that the disease will spread in the country, preventive measures were still adopted to prevent a repeat of the situation that occurred in the 1940's and 50's and that had serious effects on people's health and on the economic and social development of the affected area," he added.

To combat these diseases, the minister of health recommended an improvement in supplies, control of drinking water, an improvement of environmental sanitation and in housing, raising the level of education and improved diet and nutrition, all of which are activities covering various sectors that have not been easy to coordinate.

The Angolan health minister announced the establishment of a National Health Commission to enhance coordination and the dynamic development of the activities referred to. He stressed that the Extensive Immunization Program has been given priority since 1979. It covers nearly 70 percent of the municipalities and carries out its work through 18 mobile units and almost 105 stationary health units.

According to what he said, this program has made it possible to increase progressively the protection of the most vulnerable communities. To control the major endemic diseases, and especially tuberculosis, leprosy, malaria, sleeping sickness and schistosomiasis, the National Directorate for the Control of Endemic Diseases was created and national programs were set up and are being operated by SIDA (a Swedish agency) to provide organized and systematic control of these diseases in the areas given priority by these programs.

"The main diseases responsible for infant mortality in the country for children under one year of age are acute diarrheal diseases, general problems related with childbirth, neonatal tetanus, acute respiratory diseases and measles. For children from 1 to 5 years of age, they include measles, acute diarrhea, acute respiratory diseases, malnutrition and malaria," reported Mendes de Carvalho.

With regard to maternal mortality, the main causes are toxemia during pregnancy, hemorrhaging and other placental complications during childbirth, and post-partum infections.

Turning to sanitation projects, the minister began by saying that to attain the objectives outlined, the structures needed to implement the programs would be set up and the entire Ministry of Health would be reorganized to make implementation of health policy more efficient.

As for the projects themselves, there are programs to combat and control the major endemic diseases such as malaria, leprosy, tuberculosis and trypanosomiasis and programs to expand health stations and centers and improve their supplies, mainly in rural areas.

During the next few years, the health ministry intends to improve rationing and use of medicine and, above all, to train technicians and make optimum use of their services, and to continue the program to help pregnant women and children.

"There is not a shortage of hospitals in our country," said Mendes de Carvalho. "But they are not distributed evenly throughout the country. Under colonial rule, hospitals were built only in urban centers and in towns with economic importance where the best technology and equipment were concentrated," he added.

"Our projects focus not on building new hospitals, but in making better use of the existing capacity. We are thus planning to expand all the hospitals in the major provincial centers to increase the number of beds to 240 and to equip them properly, since no medical or surgical equipment has been purchased since our country's independence. The existing equipment is obsolete," the health minister added.

The minister has planned the annual requirements, from construction projects, medicine, and mobile equipment, to food. The difficulties arise in implementing these plans, since the sector is completely dependent on suppliers, he pointed out.

"As for medical personnel, there is naturally a shortage because most of the highly trained personnel left the country immediately after independence, and even some Angolans also left the country. We have resorted to using technical assistants from countries with which we have technical assistance agreements," Mendes de Carvalho said.

He indicated that the country now has 154 Angolan physicians and 5,481 nurses. The country also has 574 foreign physicians and 610 foreign paramedics in various specialties.

The ministry currently has 21 nursing schools training paramedics who are later sent out to various parts of the country.

The training strategy is designed to train primary health workers capable of implementing the programs to combat the major endemic diseases in the country and of strengthening the practice of preventive medicine, especially in rural areas.

The strategy also provides for speeding up the training of middle-level health technicians, in coordination with the Ministry of Education, and for opening the Middle-level Health Institute in Huambo this year and the ones in Luanda, Malabo and Mexico by 1985, in accordance with the guidelines of the 1976 special party congress.

The minister added that since the health ministry was formed, it has trained 3,014 paramedics and 2,014 health promoters.

Mendes de Carvalho also referred to sanitary development plans as advocated by the WHO in Africa. He said that the People's Republic of Angola is planning to implement such as the National Tuberculosis Control Program and the Operational Program of Integrated Development of Rural Areas, including water supply and sanitation.

There are also plans to implement an extensive immunization program for maternal and child health care services, and to institute a malaria control program and a national trypanosomiasis surveillance system.

BRIEFS

MEASLES, MALARIA IN MALANJE--Cacuso, Malange--Measles, malaria and anemia are the diseases occurring most frequently in the municipality of Cacuso, Malanje Province, according to the report by Pedro Junior, municipal health delegate, to ANGOP [ANGOLAN PRESS AGENCY]. Referring to medical care facilities, the delegate added that there is one hospital in the municipality that has 30 beds and an average of 80 outpatients a day. This hospital center has 7 Angolan nurses and 4 Cuban technical assistants who provide services in the areas of pediatrics, epidemiology, general clinical medicine and gynecology. The Cacuso hospital also has 8 rooms for inpatients, 2 examination rooms, a maternity unit and an epidemiology unit. Besides the hospital, there are a number of health centers in the municipality. According to the director, medicine is supplied by the city of Malanje and then distributed by 19 health centers in Cacuso. Cacuso also has a technical school to train health workers in programs ranging from 6 to 9 months. Once these health technicians are trained, they are sent out to work in different places, including some communes where there are production units. The main problems of Cacuso Hospital are a shortage of mattresses, beds, sheets and other equipment. [Text] [Luanda JORNAL DE ANGOLA in Portuguese 26 Feb 82 p 4] 9805

POOR HEALTH SITUATION IN KUANDO KUBANGO--After agriculture and supplies, medical care is one of the problems that needs to be solved before the socio-economic situation in the province can return to normal. Among the diseases afflicting people in the province are malaria, tuberculosis, hepatitis and intestinal parasitism. Intestinal parasitism primarily attacks children as a result of a deficient diet. Although the supply of medicine can be considered satisfactory on the basis of the amount and types of medicine available, a shortage of trained personnel is also a rather serious problem, although this is a national problem. As is true throughout the country, Kuando Kubango Province receives valuable health assistance from Cuban physicians who perform excellent work together with Angolan nurses. There is also a well-equipped school that provides room and board and that is geared primarily to training health technicians, which should certainly alleviate some problems. [Excerpt] [Luanda JORNAL DE ANGOLA in Portuguese 26 Feb 82 p 3] 9805

CSO: 5400/5872

[Article by Sue Cook]

Next

Professor Clement Boughton, chairman of the department of infectious diseases at Sydney's Prince Henry Hospital and associate professor of medicine at the University of NSW, said hepatitis B, which was particularly prevalent among drug abusers and sexually promiscuous people, was now much more common among teenagers and young adults.

Professor Boughton received a doctorate of medicine yesterday for a study he and Dr Royle Hawkes, a virologist at the University of NSW, did on the incidence and spread of hepatitis in Sydney and areas of Papua New Guinea.

hepatitis B was more common in the late teens and early 20s, especially among Anglo-Saxons.

In the 1970s, hepatitis B became much more common in both Sydney and Melbourne so that it was now more prevalent than hepatitis A in the teenage and young adult group.

Professor Boughton said the people most at risk were drug addicts, homosexuals and sexually promiscuous people, health workers, patients and staff in homes for the mentally retarded and dentists.

He and Dr Hawkes looked at teenagers and people in their early 20s who were admitted to Prince Henry's with hepatitis and their domestic contacts, patients seen in general practice

and their contacts, people attending a drug referral centre and patients and staff in an institution for the mentally retarded.

There was a considerable number of homosexuals in the group.

Professor Boughton said a "staggering" 75 per cent of those attending the drug referral centre had evidence of hepatitis B, compared with 10 to 12 per cent of the general population.

And there was a continual transmission of the strain among the inmates of the institution for the mentally retarded.

"The study showed it could be spread by other means apart from injections, such as towels, tooth brushes, shaving gear and even eating utensils."

FLOODS THREATEN TO CAUSE EPIDEMICS

PY221719 Paris AFP in Spanish 0211 GMT 20 Mar 82

[Special to AFP by Eduardo Paz]

[Text] Trinidad, Bolivia, 19 Mar (AFP)--Pests and epidemics are threatening more than 50,000 persons afflicted by the enormous floods in the north-eastern area of Bolivia after several weeks of torrential rains, according to what the AFP correspondent was able to verify here today.

The most imminent danger as the water level drops, doctors and specialists say, is the spread of sicknesses due to the decomposition of animal and vegetation matter, sewage and accumulated mud and the multiplication of mosquitoes, which demands the immediate dispatch of drugs and vaccines.

The city of Trinidad, located right in the center of the flooded area 800 km north of La Paz, has become an island thanks to a circular dike which its inhabitants built to hold back the overflowing Momore River. But the villages in the surrounding area have been forced to abandon their "pahuichis," house of wood and straw.

The tragedy is made more serious because the population evacuated from those populated places to Trinidad cannot count on minimum services and suffer a scarcity of food, medicine and other essentials for subsistence.

At Ana, on the banks of the Yacuma River, appears desolate, being practically demolished by the waters. Six persons were killed by a falling tree. The plains around the city are covered with thousands of dead cattle, some dead and others trapped in the debris.

The roofs of houses, the tops of cars and the crosses of churches and cemeteries are all that can be seen of towns.

The towns are constantly besieged by voracious birds that perch on their roofs, and at the beasts' hides. Moreover, poisonous snakes and insects search, like the people, for a place of refuge.

After a 1-hour flight in a Bolivian Air Force (FAB) Cessna aircraft one can see the Trinidad airport, where the campaign to aid the worst-hit areas is headquartered, with the help of helicopters and navy launches.

San Juquin, Rurrenabaque, San Borja and San Francisco are completely flooded, so that the population, especially young children, await Bolivian and international aid.

In almost all the cities throughout the country there are campaigns to collect clothing, food, medicine and provisions for the victims.

The ranches that produce meat for La Paz, Cochabamba and the mining center and those that produce meat for export to Chile and Brazil have disappeared. The ranchers have fled to safety, abandoning the livestock to their fate, and they die relentlessly and quickly.

The small fields of yuca, bananas and fruit which are food for the Movimas, the Aborigines in that area, have been destroyed. The prefect of Beni, Rear Admiral Orlando Roca Castedo, who is a descendant of those people, cried because of the mercilessness of nature.

An old peasant in the "island" of Trinidad told us that the old people are going into the streets carrying candles to pray that the waters do not reach the city.

CSO: 3010/1135

GUINEA WORM DISEASE AFFECTS MORE AREAS

Takoradi Region Affected

Accra DAILY GRAPHIC in English 11 Mar 82 p 1

[Article by Kwame Penni]

[Text] More than 300 people at Pretsea and Kwaku Tiakrom villages, about 20 miles away from Takoradi, have been attacked by guinea worm.

The disease which attacks any part of the body has made some of the victims bed-ridden. Nearly the whole population in the area cannot therefore go to work on the farms. A spokesman for the victims told newsmen yesterday that the disease was detected in December, last year.

According to him this is the second time guinea worms have attacked the inhabitants of the two villages which have a total population of about 700.

Two years ago, during the dry season, nearly all the inhabitants suffered from the disease, the spokesman disclosed. The source of drinking water for the inhabitants is a stream which is about two miles away from the village.

When newsmen visited the stream it was discovered that it had almost dried up leaving pools of greenish stagnant water here and there.

It was learnt that during the health education campaign last month, some members of the Ghana Medical School Students Task Force who visited the area made a report on the situation to the regional health authorities and as a result a medical team from the Effia-Nkwanta Hospital in Sekondi rushed to the place with some drugs to treat the victims.

Meanwhile, the Ghana Water and Sewerage Corporation has started supplying the inhabitants with treated water from Sekondi-Takoradi.

However, without a permanent source of potable water for the inhabitants of the two villages the disease is likely to rear its head from time to time.

Brong-Ahafo Region Hit

Accra DAILY GRAPHIC in English 10 Mar 82 p 1

[Article by Abdul Aziz Kassim]

[Text] Guinea worms have attacked the inhabitants of Korase, a village near Berekum in the Brong-Ahafo Region and as a result farming activities in the area have been affected.

In addition, classrooms have virtually become empty because both teachers and pupils have become victims.

This has naturally prompted the Berekum district Students Task Force to start digging wells in an attempt to provide potable water for the people.

The Korase village has been without good drinking water all these years thus the people make use of just any water they can lay hands on.

In an attempt to rectify the situation, the Students Task Force has, in a press statement, appealed to the Provisional National Defence Council to have the people treated to enable them to go back to their farming and other commercial activities.

The Students Task Force explained that the inability of the Ghana Cocoa Marketing Board to make prompt payment to farmers in the area for their produce had worsened their plight.

The statement also accused landowners in the area of leasing land at exorbitant prices to landless farmers.

CSO: 5400/5909

BRIEFS

SCHISTOSOMIASIS, MENINGITIS OUTBREAKS--There is an outbreak of schistosomiasis, popularly known as bilharzia at Odoben and its surrounding villages in the Central Region and several people are said to have been affected by the disease. Disclosing this to the Ghana News Agency, Mr Tetteh Okutu, medical assistant in-charge of the local health post, said most of the affected were school children. He said following rampant reports of the disease at the health post, a medical survey was conducted by a team of medical officers from the Breman-Asikuma Catholic Mission Hospital and the district Ministry of Health which revealed that over two-thirds of the school children population in the area were victims. Mr Okutu said as a result the health post had embarked on wholesale treatment in all schools with drugs provided freely by the Catholic Mission Hospital. In another interview Nana Ofosu Boafo III, Kyidomhene of Odoben attributed the cause of the outbreak of the disease to lack of good drinking water. Meanwhile, a team of military personnel, medical doctors and paramedical staff has been rushed to Zabzugu in the Northern Region to combat an outbreak of cerebrum Spinal meningitis (CSM), an inflammation of the spinal cord which has hit a number of villages around the area. The team, led by Dr Victor Agadzi, Head of Epidemiology, Ministry of Health, Accra, included Dr S.Z. Bugri and Dr S.A. Arthur, both specialists in communicable diseases and personnel from the Medical Field Unit (MFU). According to a spokesman, the team would engage in case study exercises. GNA [Text] [Accra DAILY GRAPHIC in English 17 Mar 82 pp 4-5]

ITALIAN LEPROSY ASSISTANCE--Health Secretary, Lt.-Col. I. O. Twum-Ampofo, on behalf of the Government signed an agreement with the Italian Organisations for Health Co-operation (OCASI) for the control of leprosy in Accra yesterday. Under the Agreement, OCASI will provide 2.2 million United States dollars for drugs, equipment, the training of personnel and vehicles for leprosy control in Ghana. Ghana will contribute £40 million for salaries, storage facilities, vehicle maintenance and general expenditure under the five-year agreement. Lt.-Col. Twum-Ampofo described the agreement as "a welcome assistance," that would help bring some relief to leprosy patients. The Health Secretary said the disease was now curable and advised against discriminating cured patients. The Italian Ambassador, Mr Onorfrío Solari-Godini remarked that the terms of the agreement showed that Ghana and Italy had the same targets and hoped the link between the two countries would grow.--GNA [Text] [Accra DAILY GRAPHIC in English 10 Mar 82 p 8]

BRIEFS

INCIDENCE OF ONCHOCERCIASIS--Several thousand contos will be spent in 6 years on the five rivers of the Senegal basin to fight a disease which in Guinea-Bissau alone caused 1,400 persons to go blind. The objective is to eradicate onchocerciasis caused by filaria which causes skin nodules and cloudiness of the cornea which can lead to blindness. A campaign promoted by the World Health Organization has been conducted in the Volta basin for several years, while the fight against onchocerciasis in the Senegal basin is beginning this year in Mali, Senegal, Guinea-Bissau, Ginea-Conakri and Sierra Leone. The population of 132,000 directly exposed to this disease in Guinea-Bissau lives in the Corubal and Geba river basins. Of this population, 30,000 have been affected with the disease and 1,400 have already become blind. In Guinea-Bissau the first case of onchocerciasis was detected in 1956 by Mauricio de Oliveira Lecuona. In 1980, teams of Guineans and WHO experts found that 17.5 percent of persons observed had the disease. A budget of almost \$126,000 (about 17 million meticals) is to be spent, coordinated by the WHO in Guinea-Bissau, for spraying insecticide in the main endemic areas and for pharmaceutical therapy of the patients. [Excerpt] [Beira DIARIO DE MOCAMBIQUE in Portuguese 19 Feb 82 p 4] 11634

WHO: 5400/5880

INDONESIA

BRIEFS

DENGUE FEVER IN ACEH--Dengue fever has killed 88 of the 755 persons who contracted the disease in Aceh Special Area since 1975. The fever has spread to East Aceh, North Aceh, Greater Aceh, Sabang and Banda Aceh. Central Aceh, Southeast Aceh, West Aceh, South Aceh and Didie Aceh are thus far unaffected. In 1975, 80 of 643 victims died; in 1966, 4 of 21; in 1977, 3 of 59; in 1978, 1 of 6; in 1979, none of 12; in 1980, none of 7; and in 1981, none of 5. [Excerpts] [Jakarta MERDEKA in Indonesian 15 Mar 82 p 7] 9197

CSO: 5400/8414

NEW ANTIMALARIA DRUG BEING DEVELOPED AT HEBREW UNIVERSITY

Tel Aviv HA'ARETZ in Hebrew 31 Jan 82 p 8

[Article by health correspondent: "New Research on Antimalaria Drugs"]

[Text] The newspaper DU SHVUON (biweekly) of Hebrew University in Jerusalem reports that two scientists in the biological chemistry department in the university's Institute of Life Sciences have developed a new method to combat the malaria parasite that kills about 3 million people all over the world each year.

Malaria strikes about 140 million people a year, and the researchers think that it spreads so fast because its parasites have become immunized to different drugs. Quinine, which has been known for generations to have an effect on the parasite, is toxic and causes many side effects such as blindness and kidney damage, and physicians avoid using it as much as possible.

For these reasons, researchers all over the world directed some of their studies towards investigating the relationship between the parasite and its carrier, the red blood cells. They discovered that the parasites get into the blood cells, they begin to produce lactic acid at a rate 150 percent higher than that at which it is produced by the carrier cell. It is known that the cell membrane has two independent emission systems to protect itself from excess lactic acid. In normal blood cells, one system is sufficient to emit the acid, but when the quantity of acid rises significantly and the emission system reaches saturation, the second system is activated.

The researchers wanted to find out what happens when the second emission system also stops functioning. The two Israeli researchers, Prof Ilagai Ginzburg and Dr. Yoram Z. Barchnik, discovered through laboratory experiments that the toxic lactic acid that is left in the cell destroys the malaria parasite that has penetrated it. They assume that if they find a way to temporarily stop the activity of the lactic acid emission system, it would be possible to cure malaria by utilizing the emission system role in getting rid of the lactic acid. To avoid using quinine or other drugs that the parasite can become resistant to.

In the second stage of the research of these two scientists, which was financed by the World Health Organization, the Wolfson Scientific Fund, the World Bank, and the UN Development Fund, the scientists tried to use drugs

that have been developed for other purposes but that were known to have an effect on these emission mechanisms in the cell. Now, the scientists are trying to develop substances that will effect the emission mechanisms of the cell membrane directly. If they succeed, a new antimalaria drug will, apparently, be discovered.

9433

CSO: 5400/4714

HEALTH CARE PROGRAM PRESENTED

London JAMAHIRIYAH REVIEW in English No 21, Feb 82 p 12

[Excerpt]

Health

In a wide-ranging report to the GPC, Health Secretary Murad Ali Lanqi stressed that the Jamahiriya's programme of health care depended on an adequate supply of skilled workers. The 1981-85 programme called for 6,000 doctors, dentists, pharmacists and qualified medical technicians, he said. At present, 2,389 skilled medical personnel were working in the country's health services, representing 38.5 per cent of the plan's total needs. The Health Secretary added that the 1981-95 health programme also called for 23,000 medical auxiliaries, of whom 6,839 — 29.7 per cent of the total — had already been trained.

Mr Ali Lanqi stressed the centrality of basic health services, preventive medicine and of environmental health programmes in the Jamahiriya's overall health care system. He added that one of his Secretariat's major goals was to encourage the attendance of Libyan citizens at their local clinics. To this end, the Secretariat was issuing health record cards to Libyan

citizens, and was moving to strengthen the role of the family doctors who service the local clinics.

A major change proposed by the Health Secretary was the abolition of free prescriptions for out-patients at hospitals. The Jamahiriya's generous welfare system, he said, had led to a major increase in the consumption of medicines, to the point where they were sometimes being used when not really necessary. He recommended that outpatients should in future pay a token charge for medicines, a move that would save the country LD 15 million per year of the total of LD 20 million currently spent on medicines.

The GPC resolved:

- to approve the token charge for out-patients' prescriptions,
- to place new emphasis on improving the quality of services at existing health care establishments. The construction of new facilities would be given a lower priority.

HUNDREDS OF HEPATITIS CASES IN SABAH

Kuala Lumpur NEW STRAITS TIMES in English 5 Mar 82 p 6

[Text]

KUALA LUMPUR. Thurs. An ice-making factory in Penampang near Kota Kinabalu has been traced as the probable source for the recent outbreak of hepatitis in Sabah.

The factory has been ordered closed pending the outcome of Ministry of Health investigations into the outbreak, according to the Ministry's Health Services Director Datuk Dr Ezadin Mohamed today.

Hepatitis is infection of the liver leading to jaundice during which victims exhibit symptoms such as high fever, nausea, vomiting and yellowing of eyes and skin.

He said 596 cases of hepatitis were reported since first week of Janu-

ary.

This was the biggest single outbreak of the disease in the country since 1980 when 200 cases were reported, also in Sabah.

Datuk Dr Ezadin advised the public to take necessary precautions such as drinking only boiled water and maintaining personal hygiene.

He advised those having the symptoms to seek immediate treatment.

He said that although the outbreak in Sabah had passed its peak, the Ministry was nevertheless keeping close tabs on the situation.

"We are taking random samples of food and water to check whether they are contaminated with hepatitis virus," he added. Bernama

1 : 0400/8417

OUTBREAK OF DENGUE FEVER REPORTED

Kuala Lumpur NEW STRAITS TIMES in English 1 Mar 82 p 1

[Text]

JOHORE BARU, Sun. — An outbreak of dengue haemorrhagic fever—the advanced stage of dengue fever, which has hit two districts in the State, has claimed one life and affected another 17 people since the beginning of this year.

The head of the Johore Medical and Health Services Department, Datuk Dr Tow Nang Yeow, in disclosing this today said that the districts hit by this disease which has a mortality rate of six per cent, are Muar and Johore Bharu.

Worst hit by this outbreak is Muar where there was one death on Jan. 8 last month and nine other cases while the remaining three cases were reported here.

Datuk Dr Tow also said that another 13 cases of dengue fever were reported in the State.

"Although the outbreak has reached its advanced state here, we strongly believe that the situation is well under control."

He advised the public not to be alarmed but to help the department in eradicating the disease through prevention.

"Those who notice the tell-tale symptoms of the disease are advised to seek immediate medical help," Datuk Dr Tow said.

The symptoms of the dengue haemorrhagic fever are similar to that of the dengue fever, except that in the case of the former, an affected person would suffer gastro-intestinal haemorrhaging.

"Apart from bleeding in the intestines, the victim would also find difficulty in sleeping or may have an outbreak of red spots on his face and lips," explained Datuk Dr Tow.

CSO: 5400/8417

MEXICO

CENTRAL AMERICANS OVERWHELM HEALTH SERVICES

Mexico City EL SOL DE MEXICO in Spanish 15 Feb 82 p 15-A

[Text] Tapachula, Chiapas, 14 Feb (OEM)--Following the statement by the Secretariat of Health that it was unable to meet the demand for medical services because of the excessive growth in the need for such services, caused principally by the presence of 61,000 illegal Guatemalan aliens, the Center for Malaria Research revealed here that the disease has spread due to the influx of these Central American immigrants. Dr Alberto Perez Gordillo, SSA spokesman, said there was a deficiency of approximately 30 percent in medical personnel lately because of the unexpected arrival of Guatemalans and Salvadorans, Costa Ricans and even Panamanians; he said the presence of new and numerous outbreaks of tuberculosis, dengue fever, parasitic diseases, and malaria was very significant.

"The SSA at present does not have the human and material resources in this area to handle the increased demand caused by the alarming numbers of migrants that have arrived here," he stated.

Dr Jorge Mendez, director of the Malaria Research Center, reported that actually malaria had reappeared in greater strength recently and he pointed out that this was because the Central Americans cross our border without being subjected to medical examination.

He stated that like the coffee plant rust the months from April to November are the most favorable for the propagation of the anopheles mosquito, which transmits malaria, because of the rains that fall in this area.

Indicating that studies conducted last year in the Socomusco area helped diminish the incidence of infection from malaria in the affected population, the researcher stated that the first priority was to prevent the spread of the disease, get rid of the mosquitoes, and treat the people suffering from the disease.

On results of research will be employed to this end and of course at the earliest possible. Safe doses of antidotes will be given to those who have contracted malaria and a special insecticide will be applied to standing water in the area for the purpose of killing the larvae of the

vector. The employment of these two measures simultaneously will prevent new outbreaks of malaria and avoid an epidemic, Dr Mendez stressed.

The physician reiterated that outbreaks of malaria stem from the free movement of the migrant population, which travels about without a definite destination to work in the fields; these groups come principally from Central America.

"Three conditions are needed for the propagation of malaria: infected people-anopheles mosquito-healthy people. To prevent the proliferation of this disease, only two things are necessary: treatment of the sick and elimination of the mosquito as much as possible," he explained.

9015

CSO: 3010/942

BRIEFS

CHOLERA OUTBREAK CONTAINED--The cholera outbreak which hit Inhambane Province has been brought under control. This was disclosed this morning by the director of the center for disease prevention and medical research of Maputo City, Dr Oscar Monteiro, In Morrumbene, the worst-hit area, the disease caused more than 50 deaths. In other regions of Inhambane non-confirmed cholera cases were reported. [Excerpt] [EAL40236 Maputo Domestic Service in Portuguese 1030 GMT 13 Mar 82]

CSO: 5400/5920

MEDICAL AUTHORITIES ALERTED TO AUSTRALIAN STAPH EPIDEMIC

Auckland THE NEW ZEALAND HERALD in English 6 Mar 82 p 5

[Text]

Press Assn Wellington

New Zealand medical authorities were alerted to the drug-resistant strain of infectious bacteria that has reportedly killed 100 people in Australia before the Australian outbreak was made public in New Zealand.

The chairman of the hospital infections committee, Dr Margaret Guthrie, said yesterday that the Australian outbreak dated back to May last year.

Hygiene standards in New Zealand hospitals were of the highest order, she said, and staff were fully aware of isolation procedures to contain the spread of any type of infection.

The Health Department called a meeting of the committee yesterday after a report of an epidemic of staphylococcus aureus in Australian hospitals.

Dr Guthrie said the department had already begun a national survey of bacterial resistance to antibiotics before the Australian epidemic was made public.

"The public should be aware that there are many types of staphylococcus and not all are harmful," she said.

"We are fortunate in this country that, as far as we are aware, there are no strains present here that are showing the same degree of resistance to antibiotics as the staphylococcus causing concern in Victoria, where the situation has been recognised for a number of years."

Dr Guthrie said Dr R. Campbell Begg, the director of health promotion, would attend a conference in Melbourne next week and would seek a first-hand account of the epidemic from health professionals there.

Australian newspaper reports say thousands of hospital patients have been affected by the drug-resistant strain, and at least 100 have died. The Government has made a \$A3 million grant to help hospitals to fight the epidemic.

EXPANSION OF MEDICAL SERVICES URGED

Karachi MORNING NEWS in English 17 Mar 82 p 5

[Text] The President of Pakistan Medical Association, Karachi branch, Dr Badar Siddiqi yesterday strongly pleaded for the expansion of health services in the country with the twin objective of providing medical cover to more people and absorbing young doctors coming out of medical colleges at the rate of 4,000 annually.

Talking to newsmen, he said that the PMA was organising a two-day conference here from tomorrow (March 18) to discuss health care and medical manpower development, he said that it was unfortunate for the country that a large chunk of the population was still deprived of medical cover and at the same time young doctors, the cream of the youth, were faced with unemployment problem.

Dr Badar Siddiqi said that there was one doctor for 5,500 persons in Pakistan. In advanced countries the ratio was one doctor for 500 to 1000 people. He said that even the present rate of annual addition of 4,000 young doctors is maintained the ratio would be one doctor for 2,500 persons by the year 2000. He said that for a country like Pakistan with limited resources, the ratio should be one doctor for 1,500 people.

Dr Badar said that even less than one per cent of the gross national product was allocated for health in the budget and at the same time on an average Rs. 80 million earmarked for development budget lapse every year.

Answering a question on the lifting of the no objection certificate for doctors going abroad, the PMA chief said that there was "crisis" of specialists in Pakistan. He said that it was mainly due to the imposition of NOC that most of the doctors who managed to go abroad for higher studies, did not dare to return home and as a result there was acute shortage of specialists. Those few specialists in the country are overburdened.

He pointed out that before the introduction of NOC doctors used to return home imparting new ideas and modern techniques in the medical profession.

Dr Badar said that had the Government paid heed to their suggestions and added more beds in hospitals every year and developed infrastructure, the existing problems could not have arisen.--APP.

050: 1400/5921

JPMC CANCER TREATMENT FACILITIES

Karachi MORNING NEWS in English 13 Mar 82 p 5

[Article by Lionel Andrades]

[Text]

The Jinnah Postgraduate Medical College (JPMC) is now attracting cancer patients from all over the country, because the facilities for treating cancer there are considered to be the best in the country.

Radio therapy for cancer patients is becoming increasingly expensive, and many of the radio therapy units cannot be purchased by hospitals in other parts of the country.

With the Government subsidising the cost of treatment for cancer patients, medical sources are questioning the need for Government subsidy when the tobacco companies (whose products contribute to the spread of this disease) keep making record profits and are not made responsible for the purchase of these radio therapy units.

Abroad, tobacco companies are taxed heavily and there are stringent controls on advertising. Yet, in Pakistan liberal advertising facilities are given to the tobacco companies, while the Government bears the responsibility of providing sub-

sided cancer treatment and research costs.

HEALTH COVERAGE

Mr. Ahad Yousuf, Provincial Health Minister, recently said that a comprehensive health coverage for the province could only be guaranteed by the year 2000.

There can be no adequate health coverage for even the rural population, because of lack of funds.

Considering the shortage of funds for health programmes and the large annual profits recorded by the tobacco companies, it is being asked if the responsibility for cancer treatment in Pakistan should be left at the doorstep of these companies.

CIGARETTE ADS

Learning from examples abroad, for every advertisement that encourages tobacco consumption, equal time is provided on the foreign media to inform people of the dangers of

smoking. Secondly, 13 countries have allowed no concessions to the tobacco companies and so have banned the cigarette advertisements.

"Are we allowing the tobacco companies to thrive with impunity," some doctors at the JPMC question.

These companies enjoy liberal facilities in Pakistan while the Government has to subsidise the increasing cost of treating the cancer patients, some of whom come from the remote areas of Baluchistan.

Aside from the cost to the Government, the survival, emotional and financial factors that a cancer patient face is a sad and big issue in itself.

The tobacco companies are undoubtedly permitted to liberally sell death and make a profit.

It is now being questioned if they should also be made responsible for the treatment of cancer patients at the JPMC, who need expensive life-saving equipment to survive a little longer.

CSO: 5400/5911

RADICAL PROGRAM NEEDED IN DERMATOLOGY

Karachi DAWN in English 13 Mar 82 p 7

[Editorial: "Need for Radical Remedy"]

[Text] THE FIRST national conference on skin ailments which concluded in Karachi the other day sounded an alarming note on the incidence of dermatological diseases in Pakistan. Even if the expert-assessment that 15 to 20 per cent people in the country suffer from these complications is thought to be exaggerated, there is no doubt that the prevalence of skin afflictions is widespread enough to cause considerable concern. The Presidential Adviser on Health also recognised the importance of checking the spread of skin disease when he gave an assurance that the Medical and Dental Council (PMDC) would be approached to consider the inclusion of dermatology as a compulsory subject in the MBBS course. He promised to examine the case for the establishment of an institute of dermatology. But what really merits serious attention is our failure to train a sufficient number of dermatologists. Apparently, much emphasis is not placed on this

branch of medicine, for there are only 40 dermatologists in the country, when the yearly production of doctors is topping the 4,000-mark. In an area where the need for many more specialists is manifest, the ratio of one skin specialist to two million people is appalling. There is, of course, a shortage of specialists in other fields in medicine also, such as dentistry, rheumatology, orthopaedics, radiology, paediatrics and family medicine.

As President Zia-ul-Haq observed in his special message to the national conference, "specialisation" has become imperative for the correct diagnosis and treatment of diseases. Although there are quite a few specialists in some fields of medicine, this is not the case in others. The scarcity can, to some extent, be offset by pooling the available knowledge and investigative and treatment techni-

ques. Thus, the existing and emerging medical manpower can be tapped to the full. But at the same time, efforts will have to be made to correct the internal disproportions of the health delivery system. Whether it is in the context of urban and rural health facilities, or in terms of ratios between doctors and paramedicos, or in respect of specialists in specific fields, a rational reorganisation, which can produce a better response to the community's needs in various areas of curative medicine, appears overdue. Curricular adjustments and group arrangements can at best bring about marginal improvements. Unless a well-considered plan setting out priorities and targets is chalked out in consultation with the health authorities and the PMDC, the paradoxical problem of gluts and scarcities in the medical field will assume formidable proportions with the passage of time.

CHILD CARE PLAN TO BE LAUNCHED IN SIND

Karachi MORNING NEWS In English 10 Mar 82 p 7

[Text]

The Pakistan Health and Nutrition Association will shortly launch a child care and welfare programme in collaboration with the Child Welfare and Inservice Training Institute of Sind Social Welfare Department.

This aims at creating awareness among mothers and teachers regarding scientific nourishment of the child.

In this regard the Association has identified about 400 communities in the country including rural areas of Sind.

The closing ceremony of the programme was held on Monday in which Begum Ghammar Insphabani Member Federal Council was the chief guest who distributed certificates among the workers.

Speaking on the occasion she underlined the need for creating awareness in child care

education so as to raise a healthy generation.

She said as the facts indicate some of the children die due to malnutrition or become disabled because of physical and psychological consequences. It was due to lack of awareness she added that the children were not properly looked after.

Lauding the collective efforts of the Institute and the Association she expressed the hope that the workers will create awareness in this regard.

Earlier Mrs Amna Chant Principal of the Institute presenting the achievements of the Institution said that it has trained more than 2000 officers and workers in latest methods of social work.

Later Mr. Burkat Hussain Rizvi presented aims and objectives of the Institution.

CSO: 5400/5911

BRIEFS

HUNAN CONFERENCE ON DISEASES--Wang Zhiguo, secretary of the Hunan Provincial CCP Committee, addressed the provincial conference in Hanshou on preventing and curing schistosomiasis and local diseases. He said that it is essential to include the elimination of schistosomiasis in the agenda of the CCP committees and to do well in eliminating schistosomiasis to the end. He said that the province has not yet thoroughly eliminated oncomelania on some 2 million mu, which have seriously threatened the health of the people in the areas affected by schistosomiasis and at the lower reaches of the Changjiang River. After establishing various forms of the agricultural production responsibility system, the province has not taken sufficient measures to prevent and cure this disease to suit the new rural situation. A state of complacency, laziness, laxity and weakness exists in some places and the situation of the disease is tending to become more serious. The conference demanded that CCP committees at all levels continue to strengthen leadership over this work and regard the elimination of schistosomiasis and other local diseases as an important content of building spiritual civilization. All places must reinforce organizations for preventing and curing schistosomiasis. At the conference, the provincial CCP committee and the provincial government commended 42 advanced collectives and 93 advanced workers in preventing schistosomiasis. [Changsha Hunan Provincial Service in Mandarin 2310 GMT 26 Feb 82 HK]

... 000/4002

SAO TOME AND PRINCIPE

BRIEFS

FIGHT AGAINST MALARIA--The Democratic Republic of Sao Tome and Principe is on the way to eradicating malaria which in 1974 affected over 20 percent of the population, reported the ANGOP [Angolan Press Agency] yesterday. The various methods to fight this disease range from systematic distribution of antimalaria pills to insecticide spraying of residences, the director of the eradication mission said recently. According to him, the rate of infection has already dropped to 0.9 percent of the population. [Text] [Maputo NOTICIAS in Portuguese 6 Mar 82 p 8] 11634

(SO): 5400/5880

NEW WOMEN'S HOSPITAL UNDER CONSTRUCTION

Jiddah ARAB NEWS in English 26 Feb 82 p 9

[Text] JEDDAH — In a system adhering to Islamic society, women only establishments are gaining popularity in the Kingdom. The number of exclusive boutiques, grooming establishments and banks where ladies are served by female attendants and men are not allowed to enter are increasing. Added to the list soon will be a women's only hospital in Jeddah.

A thirty bed maternity hospital, 'Mustas-ha Siddiq Kamal lil Sayedat,' is perhaps the first of its kind in the world to be managed entirely by women. The brain-child of a husband and wife team of Saudi Arabian doctors, the new hospital will be equipped to deal with any problems related to gynecology and obstetrics.

Dr. Siddiq Kamal, the owner of the hospital, is a well known gynecologist who served in the Ministry of Health for several years prior to operating her own private clinic in Jeddah since 1971. She comes from a long line of physicians, it has been her cherished dream to have a hospital of her own and run it according to her wishes.

"There have been physicians in my family for the past five hundred years," Dr. Siddiq said. My childhood game was to play doctor and to administer spoonfuls of sugar as medicine. For years I have been planning to have a hospital of my own and to run it in the best possible way I can."

The idea to open a women's-only hospital has been strengthened with the belief that women feel more relaxed when examined by female doctors and that they feel more comfortable discussing intimate problems with one of their own sex.

"I became more convinced," Dr. Siddiq said, "in my job with the Ministry of Health that this branch (gynecology and obstetrics) should be handled mainly by women. A number of women I found out preferred to

be treated by women physicians if equally competent physicians could be found."

After giving careful thought and pondering the pros and cons, Dr. Siddiq with the approval and support of her husband Dr. Anwar Kamal Pasha, decided to have a hospital where not only the doctors and nurses will be women but the entire staff will consist of females.

"Except for the ambulance drivers, the entire clinical and non-clinical staff at my hospital will be women," she said. "This will present a more relaxing atmosphere for my patients."

It has taken two years for this two story SR12 million project to be completed. The hospital is spread over an area of 3000 square meters on Bani Malik Road. It is centrally air conditioned and along with the usual necessities will have patient accommodation in two deluxe rooms, eight single rooms, six double rooms and two rooms with four beds each. The deluxe rooms have a small sitting area and a kitchenette. Attendants will be allowed in deluxe and single rooms only.

According to Dr. Siddiq, spacious living quarters for the doctors, nurses and other staff are located within the vicinity. The hospital has two separate waiting rooms, one for women and the other for men. As Dr. Siddiq puts it, "the men's waiting area is completely separated and they are not allowed beyond a certain limit."

A spacious kitchen and dining area in the basement will provide daily meals for 100 people including the staff. It has also provisions for a pharmacy and a florist shop.

The hospital will have two consultants, one child specialist, two diploma holders, three general physicians, a radiologist a pathologist and a pharmacist. There will also be a matron and fifteen nurses. Dr. Siddiq explained that the specialist and the matron will be hired from England, first preference will be given

to Saudi nationals in selecting the personnel for the hospital.

The new hospital will benefit from the latest equipment including modern X-ray machines, an ultra sound machine which can diagnose pregnancy of less than eight weeks, and scanning machines for the latest diagnosis of ailments. Dr. Siddiq's aim is "to remove difficulties encountered by patients and to facilitate first class gynecological treatment without having to rush to Europe or the United States."

Out of the total construction cost, SR4 million has been provided by the government. The rest of the funds were raised through personal efforts and bank loans. According to Dr. Anwar Kamal, the annual running cost of the hospital is estimated to be around SR4 million. He has done all the running around and has personally overseen the construction.

The Pashas did not encounter any difficulty in getting permission for the hospital.

Dr. Siddiq and her husband plan four charity beds in the new hospital where those patients who cannot financially afford the hospital cost will be treated free of charge. She said this will be possible if some philanthropists help. "One Pakistani nurse has already donated a substantial amount and although the donor has not asked for it, we plan to dedicate a bed to her."

The hospital will be initially in a two story building but the construction plans provide for addition of another floor at a later date. Dr. Siddiq feels that a small hospital is easier to manage and can provide a more personal service.

CSO: 5400/4717

BRIEFS

BUBONIC PLAGUE REPORT--The superintendent of a hospital in the South African city of Port Elizabeth, Dr (Dock), has disclosed that three confirmed cases of bubonic plague and three suspected cases have been admitted to the hospital. Nine other people are there for observation. A 32-year-old man has died of the disease which is transmitted by fleas found on rodents. The victim was a resident of a missionary settlement near Kuga, about 32 km from Port Elizabeth. Members of the South African defense force are to assist in efforts to ensure that the quarantine of the settlement is strictly observed. The area is expected to be kept under quarantine for about 10 days. [Johannesburg International Service in English 0400 GMT 14 Mar 82 LD]

SUSPECTED PLAGUE CASE--Port Elizabeth.--Another person has been admitted to the Fepfweni Hospital for observation because of a possibility that he may be suffering from bubonic plague. This brings to 25 the number of people from the Coega area now being treated in hospital against the disease. A spokesman said anyone in the area who showed the slightest signs of having contracted the disease was placed in isolation. There have been seven confirmed cases of the disease since it broke out at a settlement at Coega earlier this month. The Regional Director of Health in the Eastern Cape, Dr Japie Krynauw, said the disease appeared to be under control. Although laboratory tests had shown that some of the patients were suffering from bubonic plague, more refined tests known as Elisa tests were performed on the patients.--Sapa. [Text] [Johannesburg THE CITIZEN in English 12 p 8]

CHOLERA IN DURBAN--Durban--Cholera has been detected in three Durban rivers by the Department of Health. The acting medical officer of health, Dr Marial Pichter, said yesterday that rivers to the north of the city were infected, and warned people not to drink water or swim in any rivers. "I am sure that all rivers in the town are affected," she said. She said test samples taken from the Ugeni, Ottawa and Piesang Rivers were positive, and the city's sewerage had shown the presence of cholera organisms. [Johannesburg THE CITIZEN in English 20 Mar 82 p 9]

CHOLERA IN NATAL RIVERS--Durban.--Three rivers to the north of Durban are polluted with cholera, it was established by tests carried out in the rivers last week. The rivers are the Umhloti, the Umhloti and the Ottawa Rivers. Samples of the water were tested extensively and all three rivers are carriers of cholera. The Deputy Medical Officer of Health in Durban, Dr Muriel Richter, said at the weekend it would be extremely dangerous for the public to bathe in the rivers or to drink their water. Signs are to be put up at all sea rivers to warn the public not to bathe in them or use the water for drinking purposes. Rivers on the South Coast of Natal have been proved to be contaminated with cholera on previous occasions. At least 12 new cases of cholera were admitted to the Stanger Provincial Hospital, on the North Coast, at the weekend. The hospital adjoins the Ananda Reserve, which is one of the worst cholera areas in Natal. [Text] [Johannesburg THE CITIZEN in English 22 Mar 82 p 7]

CSO: 5400/5922

BRIEFS

CHOLERA DECLINES--The cholera epidemic continues to show signs of decline in Swaziland, according to the Ministry of Health. From mid-January the average of cases fell to between three and five a day, the peak of the epidemic, according to Dr Ruth Tshabalala seem to have been reached between December and January this year when the average number of cases was between eight and nine a day. "It is anticipated and with the onset of the dry and cold season, there will still be a further decline in the incidence of the disease in the coming weeks," said Dr Tshabalala. She said members of the health inspectorate have been concentrating their sanitation efforts in affected peripheral communities. Between October and December last year, about 100 toilets were constructed in the south eastern part of the country and another 300 are under construction in the Shiselweni and Lubombo districts. She stated that the outbreak of the disease also afforded the health inspectorate, the opportunity to critically review its inventory--ordering and supply network in order to plan a strategy to alleviate such bottle necks as lack of storage [Text] [Mbabane THE TIMES OF SWAZILAND in English 19 Mar 82 p 3]

REF: 5400/5919

BRIEFS

VIRAL HEPATITIS THREAT--(Pitea) (TIDNINGARNAS TELEGRAMBYRA). Approximately 200 people in the Pitea area have been vaccinated against viral hepatitis in order to prevent the spreading of the disease. This is being done after a few cases of the disease were discovered last week at a kindergarten in Sjulnas, which is outside of the town of Pitea. Altogether, there have been a total of 8 cases of viral hepatitis, a-hepatitis, confirmed and 2 persons are in the communicable disease clinic in Boden for treatment. The health authorities in Pitea consider the situation to be under control. From where the contagion came is not known, but it is suspected that the disease was brought in by some foreign traveler. [Text] [Stockholm SVENSKA DAGBLADET in Swedish 3 Mar 82 p 6]

000 5400-2115

BRIEFS

THREE MOROGORO CHOLERA DEATHS--Morogoro--One person died yesterday, bringing to three the number of fatal cholera cases since its second outbreak in the town a few days ago. The Town Council has convened an emergency meeting for today to discuss measures to curb the killer disease. The Council last Saturday ordered the closure of three primary schools and a market following the outbreak of the disease. But until yesterday afternoon the two had not been closed down. Meanwhile, a health post has been set up at Mazimbu Village where most of the victims came from. The village is now under quarantine. [Text] [Dar es Salaam DAILY NEWS in English 11 Mar 82 p 3]

CSO: 5400/5924

MANGE REPORTEDLY WIDESPREAD IN ADANA PROVINCE

Adana YENI ADANA in Turkish 8 Jan 82 pp 1, 5

[Text] It has been learned that mange, which had a rising rate of incidence in 1981, has become an epidemic in Adana.

According to information received from Dr Ercan Gul, Chief Physician of the Skin and Venereal Diseases Hospital incorporated within the [Adana] Maternity Clinic, mange is generally observed in places where large numbers of people sleep in a confined area for long periods of time such as prisons, hotels and boarding schools.

Dr Gul stated that an average of 10 to 15 mange patients have been admitted to the hospital daily since the start of the mange epidemic in Adana and that most probably all members of the families of the patients admitted have also contracted the disease. Dr Gul added that mange is not a dangerous disease and that it can be cured easily.

Dr Ercan Gul said that 230 of the patients admitted to the hospital in 1981 were diagnosed to be suffering from mange and that if cases observed by other hospitals and private practitioners is taken into account the number of people who have contracted the disease in Adana will be found to be much larger. He said: "Moreover, if one member of a family has mange, it is observed that all the other members of the family also have the disease. Very often, we find that the members of the family of a patient who has come to our clinic for treatment also have the disease."

Dr Gul continued: "Mange, which has been frequently encountered in the past few years, is a contagious disease caused by animal parasites. The disease is found among all ages and particularly among low-income groups. The incidence of the disease is higher in hot places where large numbers of people are confined in a small area, such as hotels.

"The disease can be transmitted to all members of the family. Without treatment open sores can form in itching areas. The disease is diagnosed on the basis of the type and areas of itching and the number of people in the family suffering from itching. The treatment for mange is very simple and very brief.

"Places where people come in prolonged close contact must be frequently inspected during the months when the mange is observed most often and the patients diagnosed must be isolated to prevent the spread of the disease."

9588

CSO: 5400/5317

WINTER MALARIA ERADICATION CAMPAIGN UNDER WAY

Adana YENI ADANA in Turkish 19 Jan 82 pp 1, 6

[Text] The winter fumigation campaign against mosquitoes has begun in Adana which has the highest incidence of malaria in Turkey. During the campaign, which will last until the end of March, houses and animal shelters will be fumigated.

Malaria experts have stated: "If we want to protect ourselves against malaria we must take preventive measures now. Otherwise it will be impossible to stop the disease. The breeding of mosquitoes can be stopped by a winter [fumigation] campaign. During these months the mosquitoes are in winter hibernation and we know where they are. If we do not eradicate them now, it will be impossible to find and annihilate them in the summer."

140,000 [As Published] Houses Included in Program

According to information received from antimalaria campaign officials, the 1982 winter fumigation program will cover areas of Adana which have the highest incidence of malaria. A total of 70,213 houses and their animal shelters will be subjected to winter fumigation. Of these, 34,849 are in central Adana, 7,358 are in Karatas, 5,403 are in Yakapinar, 16,247 are in Osmaniye and Ceyhan and 6,156 are in Ballica. The area covered by the program--which will employ 80 workers--is inhabited by 405,496 people.

Personnel Trained

Meanwhile, an implementation plan has been prepared by regional directors, their aides and branch directors. Village leaders have been notified, in accordance with the plan, to explain the operation to the people. The fumigation campaign will particularly focus on barns, since mosquitoes usually settle in barns.

The officials stated that the people must be trained extensively in order for the fumigation campaign to be effective and that all health organizations and village physicians and teachers in particular must give serious consideration to the issue. The officials also said that the 1982 mosquito control efforts will be made more effective in order to achieve success in the campaign to eradicate the mosquito.

90889

CTO: 5400/5317

TURKISH ORGAN TRANSPLANT ISSUE ASSESSED

Istanbul CUMHURİYET in Turkish 7 Jan 82 pp 1, 8

[Article by Ufuk Guldemir: "What Could I Do With a Dead Heart"]

[Text] Ankara -- One of the priority bills passed by the Consultative Assembly has to do with organ transplants. It allows the removal of organs without seeking a will "from a person who dies without next of kin." However, who will determine "whether death has occurred"? All of these niceties were discussed by the members of the Consultative Assembly as it took up the law on organ transplants. Discussion of organ transplants began with a speech by Nurettin Ayanoglu. Ayanoglu took the podium to express his concerns as follows:

"This is my reservation: How will the persons who will donate organs and tissues be identified? Will there be a tour of the hospitals or will announcements be made by one particular center?"

Dr. Gurel Ataman, attending the Assembly general session as the representative of the government, answered Ayanoglu's question as follows, according to the portion entered in the minutes:

"When these organs, whether from a living or deceased donor, in the case of a living donor, the matters concerning his being of sound mind or the protection of his own life and that of the person to receive the organ -- ensuring the donor's health -- in the prior donation of his own body by his own request, the donation of one of a pair of organs for instance, I think these matters will have been acknowledged by the person from the standpoint of the law, this will be stated; as for the question of an organ from a deceased donor not a living donor, in this case, the person would have expressed his compliance in advance of the eventuality beforehand by registering to be an organ donor in the case of his death."

Dr. Ataman's clarification by Dr. Ataman seemed to spur more debate. Health and Social Affairs Committee spokesman Mustafa Alpdundar said, "Indeed, organ transplants are possible from the living also, not just the dead," while Abbas Gokce took the podium to say:

"Let us say an engineer died in an accident. When it comes to an organ transplant, we will say, 'Let's do the organ transplant, let the procedures be taken care of later.' We cannot pigeonhole the law to prevent this. For example, the cause of death is a blow to the heart, but where is the proof if we transplant the heart before an autopsy is performed?"

While those attending the general session contemplated whether a heart having suffered a blow could be transplanted or not, Turhan Guven took the podium to draw attention to another problem:

"Organ and tissue transplants do not have to be made together. Organs may be transplanted and tissue may be transplanted. I therefore propose that 'or' be substituted for 'and' in the wording of the article of law."

Gungor Cakmakci brought yet another problem to the podium:

"Sir, the law envisages the removal of organs only in the event of an accident or natural disaster. The scope must be expanded. How am I to know why the person died? If a stone fell on his head, for instance, this article will apply. But it will be learned only through legal investigation whether a person found hanged died as the result of a crime or an accident."

Mehmet Velid Koren had other worries: The law envisages organ removal from one "who dies without next of kin." Koren explained as follows that "no one will be without next of kin":

"This is a euphemism. If a man dies, he will come to the hospital, be pronounced dead and have his kidneys removed, and who will he be? He will be nobody. Can you conceive, gentlemen, of a man with no one at all? The poor fellow has a flower pot fall on his head, is brought to the hospital, has his kidneys and other things removed and becomes a piece of meat without bodily organs."

Mustafa Alpdundar, however, said: "On the one hand, there are people who have died and, on the other, people who are about to die. In essence -- may God ordain it to be late -- we are talking about you and me. The dead are dead in any case, what about those who wish to live?" Alpdundar was, quite frankly, expressing a fact. This is the human condition. Some day, everyone may have need of an eye, a kidney, a heart, brain, liver or lungs.

Health and Social Affairs Committee Chairman, Cardiologist Professor Siyami Ersek underscored this fact in relating an incident which occurred 14 years ago:

"A 54-year-old man was in a traffic accident. There was a patient awaiting a heart transplant inside. He was in Numune Hospital. The adventure begins. The patient actually dies but we are able to put him on the operating table 12 hours later. After getting his family's permission, we call a coroner. The coroner comes in and says it is necessary that the heart have stopped beating for death to have occurred. And, for us, it is necessary to have a

...new heart -- what could I do with a dead heart? Finally, he decides
...died and says, 'He is dead.' 'Sign the certificate,' I say. They
... 'Turn on the artificial heart and lung equipment,' I say. The
equipment is working and 3 minutes later the heart starts to beat -- thumpa,
thumpa... Do you know what this episode cost? Two months later, I had a
stroke. I am still among you today crippled and weak."

...ek's touching story was greeted with applause. The Organ Trans-
...consisting of 84 words and a single article and debated for 2
...passed unanimously.

8349

CSO: 6400/4309

BRIEFS

CONJUNCTIVITIS OUTBREAK--Conjunctivitis has broken out at Chizongwe Secondary School in Chipata and 120 pupils have so far been affected by the eye disease. Headmaster Mr Harry Masaninga confirmed the outbreak yesterday and said 60 pupils received treatment on Monday while 60 more were affected. All the affected pupils mostly from the junior section have been placed in isolation dormitories. He said health authorities were working hard to bring the outbreak under control. He added that the disease could have been brought to the school by Form One pupils who came from the line of rail where outbreaks of the disease have been reported. [Text] [Lusaka DAILY MAIL in English 17 Mar 82 p 5]

REF: 5400/5908

BRIEFS

DECEMBER ANIMAL DISEASES STATISTICS--In a report we received, the Ministry of Agriculture outlined the animal health situation in the country during December. It pointed out two foci of African swine fever, one in Luanda Province and another in Huambo, and 11 in Huila Province and one in Malanje. Five foci of hematic carbuncle were found in Huila and in Malanje. For symptomatic carbuncle, nine foci were reported in Huila Province and two foci of streptothricosis were reported for Malanje. [Text] [Luanda JORNAL DE ANGOLA in Portuguese 24 Feb 82 p 2] 9805

SO: 5400/5872

FOOT-AND-MOUTH DISEASE SERIOUSLY HURTING FARMERS

Stockholm DAGENS NYHETER in Swedish 20 March 82 p 5

[Article by Bo Engzell, DN correspondent in Skane: "Foot-and-Mouth Disease; Risk of a Long Stoppage of Imported Meat"]

[Text] After a little clumsy fumbling in the morning, Swedish authorities really went to work on Friday afternoon. Then came the definite halt to the import of all fresh meat and all cured and cooked meat products from Denmark, where a case of the dreaded foot-and-mouth disease was confirmed in a herd of cows on a farm on Fyn.

The disease can have destructive consequences for Denmark's economy and large meat exports. Many Swedes who used to buy meat in nearby Helsingor are also affected. They purchase fully 10 tons of inexpensive meat per day, some thousand tons per year. Now it has stopped.

Very cheap ground pork for 18 kronor per kg, ground beef for 24 or calf's liver and kidneys for 17 kronor.

But...

...and the stop will be depends on further developments in Denmark. It will last the entire year.

If the Danes are successful in stopping a threatening epidemic immediately that no new cases of foot-and-mouth disease are found it is conceivable that meat exports from Denmark may be permitted again in a few days," said Sven Johansson of the Contagious Disease Unit of the National Board of Agriculture to DAGENS NYHETER.

The Board of Agriculture is responsible for the import restrictions, the Customs service will see to it that the restrictions are observed by foreign and private individuals on shopping trips to Denmark. And especially in the "Swedish town" of Helsingor where meat is much cheaper than in Sweden.

The article has appeared in (Dagens Nyheter) 20/3/82.

"But we are following the situation closely day by day," said Sven Johansson of the National Board of Agriculture. "If anything further happens we will immediately take additional steps."

Confusion

On Friday there was confusion at the customs in Helsingborg about which rules were in effect.

The rules were unclear from the beginning. There was no sign posted concerning import prohibition in the morning. There were individuals who knew nothing about the meat stoppage.

At 11 o'clock the first notices were posted. Then they included only fresh meat. Nothing was mentioned, for example, about the import of smoked meat. That was not stopped until 3 o'clock in the afternoon. By then the customs had received the new regulations.

The customs officials worked hard, and checked the bulging plastic bags of many travelers from Denmark. In spite of everything, however, there were few seizures. There were not many who had purchased meat in Helsingor. The "jungle telegraph" was functioning. That meat which was seized will be burned according to law.

Jobs Threatened

Danish customs was also busy, and checked some of the Swedish travelers' plastic bags. The Danes themselves are concerned that no fresh meat leave the area. They loyally followed the Swedish rules.

Foot-and-mouth disease hits the Danish economy hard. If more countries impose import restrictions on meat the losses can be enormous.

The embargo hits not only farmers, but also the many "Swedish" businesses in Helsingor. Not only the butchers are affected.

Swedish businesses in Helsingor are mostly adjusted to handle several items which are very cheap. Meat, margarine, wine and liquor. Now an important cornerstone, meat, is removed from the trade.

"We therefore fear that the total Swedish trade will decline by 50 percent," said butcher Egon Pedersen, owner of Helsingor's largest meat store. "It is the worst for the butchers. We are losing 90 percent of our turnover. Many butcher shops in Helsingor are built entirely on the Swedish trade."

Several hundred shop jobs in Helsingor are threatened. A number of shop employees were already let go on Saturday.

Deserted Businesses

There were not many Swedes on Helsingor's main business street Stengade on Friday, a day when there are usually hordes of Swedes there.

The butcher shops were equally deserted.

"Our only hope is that no more cases of foot-and-mouth disease will occur, and that Sweden will permit the import of Danish meat in a few months. This happened 12 years ago when only one case of foot-and-mouth disease was found in Denmark," said a butcher couple, Lis and Erik Larsen.

A number of Swedish customers were almost as distressed as the Danish butchers.

"I had expected to purchase good inexpensive Danish meat for a large party," said a disappointed Svea Olsson, who traveled to Helsingor from Landskrona. "There are a large number of us who travel here just for the meat. But now we will stay home."

400/2113

Caption: It was on the small island of Fyn that foot-and-mouth disease inexplicably broke out.

NORDIC COUNTRIES HALT IMPORTS OF DANISH MEAT DUE TO DISEASE

Stockholm DAGENS NYHETER in Swedish 20 Mar 82 p 5

[Article by Thomas Jonsson, DN correspondent in Copenhagen: "Only Nordic Countries Have Stopped Buying"]

[Text:] So far only Sweden, Norway and Finland have stopped the import of Danish meat after the cases of foot-and-mouth disease which were discovered on Thursday on the island of Fyn.

West Germany said on Friday that until further notice they would continue to import Danish beef and pork. The Germans will deal through the EC in accordance with previous practice.

The United States and Japan--Denmark's two largest meat customers--have requested more information about the 66 cows and heifers on Fyn which were confirmed to have foot-and-mouth disease. In the United States they are allowing the Danish import goods to remain in American harbors for the time being.

Danish veterinary authorities believe that the disease virus came airborne to Denmark from some European country where, unlike the Danes, they vaccinate the live stock against the disease.

During the next few days it will become clear if it is to be a foot-and-mouth disease epidemic. If more cases are not discovered within a week, the 66 cases on Fyn were a single outbreak of the disease, according to a spokesman for the Danish Ministry of Agriculture speaking to DAGENS NYHETER.

The Nordic countries which have stopped the import of Danish meat are a marginal market for the Danish meat industry. In 1981 Denmark sold pork and beef to Sweden, Norway and Finland for a total of 165 million Swedish kronor out of a total export of 9.4 billion kronor.

Japan alone buys Danish meat for about 2 billion Swedish kronor per year.

If the large importers such as Japan, the United States, Canada and England also stop the import that would mean a deathblow to the already severely troubled Danish farmers.

9287

ISS: 5400/2113

INDONESIA

BRIEFS

SEPTICEMIA EPIZOOTICA--A number of rhinoceroses in Pandeglang Regency have been killed by septicemia epizootica. Emil Salim, Minister of State for Development and Environmental Control, said wild buffaloes were also being killed by the disease, which normally attacks water buffaloes. Thirty water buffaloes died in a 1975 outbreak; 40 were killed in 1980. Emil Salim indicated that vaccination of rhinoceroses, water buffaloes, wild buffaloes, deer, cows, and other animals will be carried out, to stem the spread of the disease. Patrols will be sent out to prevent rhinoceroses from fleeing the area unvaccinated. [Excerpts] [Jakarta KOMPAS in Indonesian 4 Feb 82 pp 1, 9] 9197

CATTLE DISEASE IN BALI--Thirty-eight cows have died in Bali from a particularly virulent cattle disease. The disease, which has been spreading for two weeks, causes its victims to foam at the mouth and excrete blood. According to some reports, only 80 of 193 cows are still alive in the Legian area. The remaining cows are being vaccinated with 20 cc of kalocy per head. Cattle disease, called Jembrana, has been plaguing Bali over the last decade. It strikes quickly; seemingly healthy cows at night show signs of the disease the next morning. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 5 Feb 82 p 3] 9197

CSO: 5400/8414

BRIEFS

MEASURES AGAINST AFRICAN SWINE FEVER--Measures to fight African swine fever, which is still present in the central part of the country, are to be taken in the city of Beira to eliminate the spread of this disease which in a few days can decimate an entire pig population. The fight is controlled directly by the provincial commission for the fight against African swine fever in Sofala which has prepared a plan-program to disinfect affected piggens in the family and private sector. Also envisaged is the increase of a system of control through veterinary posts installed in places of access to the city of Beira. In addition, the plan-program being implemented includes a vast campaign of education of the people of Beira neighborhoods about the dangers of the disease and its consequences. This portion of the program will be conducted by brigades established for this purpose; the brigades will receive training in addition to working preparation meetings from now on. One aspect which merits special attention during the work of educating the people about the effects of African swine fever is the tradition of raising pigs intensively in the family sector. [Text] [Beira DIARIO DE MOCAMBIQUE in Portuguese 26 Feb 82 pp 4, 12] 11634

000: 5400/5880

MEAT WORKS MAY NOT MEET EEC HYGIENE STANDARDS

Stockland THE NEW ZEALAND HERALD in English 19 Feb 82 p 1

[Text]

Press Assn Wellington

Freezing companies will soon receive European Economic Community reports on their hygiene standards—and for some the news will be bad.

The Ministry of Agriculture and Fisheries will send copies of reports made by EEC veterinary staff to the companies concerned.

The reports make no recommendation on whether particular works should be approved for exporting meat to the EEC. They simply list what the inspectors saw at the works last year and whether particular items comply with the community's hygiene requirements.

The director of the ministry's meat division, Mr John McNab, said yesterday that he thought the number of abuses would be small.

But "a number" would need substantial capital works to meet EEC requirements, he said. Mr McNab would not say how many.

The reports were in no way a formal notification

of which works would make the grade and which would not, he said. This would be decided in Brussels and the decisions announced later in the year.

However, the reports did give the ministry a better idea of what to expect. "It provides the basis for an estimate on our part," Mr McNab said.

About 40 export slaughterhouses, a similar number of packing houses and some cold stores were inspected.

Late last year the EEC hinted that three slaughterhouses, four meat packing houses and one cold store were unlikely to be approved.

One industry source said that the report received this year showed six export slaughterhouses as being "substantially" short of EEC requirements.

Mr McNab said that the ministry would be consulting with companies about the interpretation of the reports.

He said the New Zealand works were expected to fare better than Australian works.

METHODS OF PREVENTING FACIAL ECZEMA TERMED TOO COSTLY

Auckland THE NEW ZEALAND HERALD in English 19 Feb 82 p 11

[Text]

Some farmers are unhappy that a Ministry of Agriculture and Fisheries survey has given the impression that many farmers failed to take available precautions against facial eczema last season.

The president of Auckland Federated Farmers, Mr David Frith, said this week he challenged the view very strongly.

"For most farmers there is no practical method, easily costed and carried out that will prevent facial eczema," he said.

What we do have are improved methods of detecting when facial eczema spore counts are high and the risk of animals getting the disease.

Several Methods

"We also have several methods which may prevent facial eczema, but often their cost is unknown, as are the risks of other problems occurring," he said.

The ministry report said that only 8 per cent of farmers sprayed pasture with fungicide to make it safe.

Mr Frith said fungicide was very expensive.

He knew of one farmer on a fair sized farm who had spent \$1000 spraying.

If it rained a farmer could be faced with the expense of spraying again.

Tough Decisions

It should be remembered that one of the options avail-

able to farmers is not to use any of the recommended precautions," he said.

"But that does not mean that the farmer has not been through some very agonising decision-making, rather than walking away from the problem as was suggested by the ministry."

Mr Frith said some farmers opted to spread their stock out, keeping them clear of known danger spots where spore counts were high, and stocking pastures lightly so animals would be less inclined to eat down into the level where there were most spores.

He appreciated that research was being carried out by very competent scientists and a considerable amount of money was being spent on the problem.

Average Farm

However, for the farmer on the average farm it appeared that practical methods of preventing facial eczema had almost faded away since the breakthrough of finding the spores responsible many years ago.

Mr Frith said that until the dreaded problem could be prevented by methods which were easy to put into practice — and had a known cost factor below that of the average loss on farms caused by the disease — animal production in many parts of the North Island would always be at risk.

SOUTH AFRICA

BRIEFS

ANTHRAX OUTBREAK--The Umtali City Council has increased the number of checks on meat sold in the city in the wake of an outbreak of a disease called anthrax. Two people suffering from the disease have already been treated at a Sukubwe hospital the chief hygiene officer in the area, Mr Eric Foxton, said the people only had anthrax lesions and not lung or stomach infection. Meanwhile, two people are to face prosecution in connection with the illegal sale of meat. [Text] [Salisbury Domestic Service in English 1600 GMT 19 Mar 82 CA]

0901 5400/2114

BRIEFS

FOOT-AND-MOUTH DISEASE SPREADS--The foot-and-mouth disease has spread to the north bank of the Kafue River, a spokesman for the veterinary department announced yesterday. According to the spokesman, the disease was first noticed in Muchabi area and it had now spread to Shakumbila, Sinjanji, Shumbuluka, Shamboze and Nakamwende areas. The spokesman has appealed to cattle owners in the affected areas not to move their animals to stop the disease spreading further. He also urged cattle owners to report to veterinary officers immediately they saw any of their animals salivating and failing to graze due to sores in the mouth. [Text] [Lusaka DAILY MAIL in English 17 Mar 82 p 5]

CSO: 5400/5908

INTER-AMERICAN AFFAIRS

BRIEFS

MEETING ON BANANA DISEASE--Castries, St. Lucia--The Windward Islands Banana Growers Association (WINBAN), has initiated measures to ensure that the deadly Black Sigatoka disease can be detected in its early stages, if it affects fruit grown in the four islands--St. Lucia, Grenada, Dominica and St. Vincent. To this end, a series of one-day seminars is to be held in the island for banana growers and officials, to familiarise them with the disease, which was recently discovered in the neighbouring French island of Martinique. A six-man team, comprising officials of Geest Industries, WINBAN and the St. Lucia Banana Growers Association, recently visited Martinique to observe the incidence of Black Sigatoka on bananas there. An official of WINBAN yesterday said that the disease has, so far, not been detected in St. Lucia nor the other Windward Island, but stressed: "WINBAN is no less concerned about the threat the disease poses to the industry in the four islands." The first of four one-day seminars, was held in St. Lucia on Saturday. The main lecturer will be Dr. Keith Cronshaw, WINBAN's plant pathologist. (CANA) [Text] [Bridgetown THE NATION in English 2 Mar 82 10:10]

000 1400/7533

BRIEFS

DDT SPRAY--The government is to lift 1,300 tons of a special type of DDT by July next from the Chittagong DDT factory to combat the mosquito menace in the country. The quantity is in addition to the 400 tons of DDT procured from the Netherlands. Out of the 1,300 tons of DDT, the government has already lifted 500 tons for spraying. [Dacca Domestic Service in English 0800 GMT 14 Mar 82 BK]

File : 5400/2114

AERIAL SPRAYING AGAINST QUELEA BIRD PLAGUE

Beira DIARIO DE MOCAMBIQUE in Portuguese 27 Feb 82 pp 9, 10

[Excerpts] The aerial spraying to fight red-beaked sparrows whose scientific name is *Quelea quelea* is being extended this year to more areas of small grain cereal cultivation, namely, Macia and Salamanga in Gaza and Maputo provinces, respectively. There is a possibility that the same action will be extended to Cabo Delgado next year. In previous years this spraying was conducted only in the Limpopo Agricultural-Industrial Complex [CAIL], in UPBL and in some rice farms in Xai-Xai.

DIARIO DE MOCAMBIQUE has learned from a source connected with the National Agronomy Research Institute, an organization which closely cooperates with the air transportation and work enterprise doing the spraying, that the first spraying of this year will be conducted next week in the agricultural areas of Gaza Province.

CAIL, UPBL and Xai-Xai, as well as in Salamanga and Macia, work is now being done to locate the centers of red-beaked sparrows to fight them by using planes and sometimes helicopters. It should be pointed out that this year the fight against the *Quelea quelea* will begin much earlier than before.

The source, in explaining this fact, said that in previous years the spraying began in April, which is the milky phase of rice, but this year the spraying will begin earlier, as we said above, but will also be done in two periods. The first will last 10 days, from 20 Feb to 1 Mar, half in April and the rest in May. The second will depend on the progress of harvests, because it will be done when the rice is in the milky phase.

The first period, which we shall begin soon, we will spray in the places where the birds are most numerous, because this is the time for laying and incubating the eggs. We believe that we shall find almost all the eggs hatched, with the young birds trying to fly. Therefore, we are somewhat behind in this fight against the sparrows.

The second period will be done when the rice is in the milky phase, which is the best time to spray. We shall use the same method as in the first period, but we shall use more planes and helicopters.

justify the fight against them, because a place having more than 20,000 birds should be sprayed. The last spraying will also be done in the places where these birds sleep.

Why Fight the Sparrows?

The work of fighting the red-beaked sparrows, the *Quelea quelea* will be conducted this year within the framework of the national agricultural campaign. The objective is no longer the elimination of the birds to defend the large state farms; an attempt is also being made to guarantee good returns in the cooperative and family units.

11634

CSO: 5400/5880

1000000 BY APHIDS REDUCES SUGAR BEET YIELDS

By the Editor THE PRESS in English 19 Feb 82 p 7

(1 of 1)

Canterbury research by the Ministry of Agriculture and Fisheries into the viability of sugar beet as a liquid fuel source for New Zealand has produced an enthralling surprise.

As happens so often, figures mature when man concentrates a crop or an animal in a new area the green peach aphid well known also to potato growers has claimed the sugar beet as a perfect home bringing a very true measure of its.

But it appears that entomologists speaking the word is behaving in a surprising way.

The MAF trials have been going three years and harvesting of the third crop of sugar beet was begun prematurely last September at Templeton Agricultural Research Station.

At the time the beet was still in the ground and the aphid was still in the ground. The beet was still in the ground and the aphid was still in the ground. The beet was still in the ground and the aphid was still in the ground.

The beet was still in the ground and the aphid was still in the ground. The beet was still in the ground and the aphid was still in the ground. The beet was still in the ground and the aphid was still in the ground.

As the MAF programme is to verify the much touted potential of sugar beet to become a viable energy source for New Zealand any substantial reduction in yield such as that due to the virus, must question that potential and upset the economics of this type of energy production.

The MAF has a formidable team working on sugar beet in Canterbury, in conjunction with the Department of Scientific and Industrial Research.

Lincoln College is also conducting research into beet and the New Zealand Agricultural Engineering Institute has developed a fuel ethanol plant which uses beet as a primary sugar source.

The overall results of such extended research into the sugar beet will not be known until after this year when everything goes to the Ministry of Energy for its decision.

For the moment the team of the MAF headed by Dr S. and Dr C. are working on the beet.

And although the rapid development of a new fuel technology has not yet produced a viable energy source, the beet is still in the ground and the aphid is still in the ground.

In the United Kingdom where sugar beet is grown extensively for sugar, warnings to spray crops are issued to farmers when the green peach aphid (*Myzus persicae*) density reaches 0.25 per plant.

In the first year of trials at Templeton aphids reached a density of 5.8 per plant, in the second year only 0.8 per plant, but this season they have infested to the surprising density of 65 per plant.

Such variability of attack between cropping years already has the entomologists intrigued but the aphids' behaviour has further unusual aspects.

From close observation it is known that the aphid builds up very rapidly.

Then suddenly, in the first week of December each year, the proportion of winged aphids rose dramatically and then between one week's visit to the trials by the MAF team and the next the aphid count dropped from its peak to near zero.

Although this has happened at the same time in each of the three years we have not proved it will happen every year," said Dr Goldson.

"The attack level of the aphid in two of the three years has been high but short.

"We can kill repeatedly during this attack period but the aphids just reinfest within one week, so we have to find an approach that will provide a blanket control.

"Also the aphid can infect a sugar beet with the virus within twelve minutes, so the control needs to be quick acting.

"We also want to retain the other insect species round about as much as possible so the insecticide should be as selective as possible killing the aphids but not their enemies," he said.

The team has had some success in reducing the aphid count with different insecticides and it is also looking at the variability of sowing times to reduce the attack period.

But the optimum sowing time is from the beginning of September to the middle of November and reductions in yield occur if the crop is sown any later so as to miss the aphid.

The report of the research into sugar beet will include findings into this sowing time

work, possibly resistant cultivars, effective insecticides and some estimation of the potential to predict what may be a bad year for the aphids.

The New Zealand Sugar Company has been running its own trials near Ashburton under the control of Mr Brian Farrow, an agronomist from the United Kingdom.

While it may not turn out to be so encouraging for the future of sugar beet as a fuel energy source for New Zealand, such entomologically deviant behaviour from the aphid has proven very exciting for the researchers who study it.

Apart from Dr Goldson, they are Dr Dick Martin, an agronomist, Dr Graeme Bourdot, working on herbicides for weed control, Mr Ron Stephen, fertilisers, and Ms Joan Pearson, technical officer.

At the DSIR, Dr John Farrell is looking at the over-wintering sites for the aphid and Dr J. Ashby is working on the characteristics of the virus forms. In association with Dr Ashby, two members of the Lincoln College Microbiology department, Dr R. Close and Ms A. Kyriakou, are working on the virus.

ARMYWORMS EXPECTED IN ADDITIONAL REGIONS

March 8 Forecast

Dar es Salaam DAILY NEWS in English 10 Mar 82 p 3

[Text]

ARMYWORMS are now in Mara Region since mid-last month, according to a report from the Armyworm Forecasting Service and Pest Control at Tengeru, Arusha.

The report said the forecast for the week starting March 1 indicated that it was highly probable the armyworms would spread to Mwanza Region, while the probability for the outbreak of the crop destroyer pest in Kagera Region was termed as medium.

The Number of armyworm

moths caught in both light and pheromone traps was, however, low. Ukiheuru light trap had the highest catch of 151 moths. Other traps which reported moth catches were Bihawana, Mpwapwa, TPRI Arusha, Tengeru and Ilonga.

Forecast for the week starting March 8 indicated that armyworms were expected to appear in Dodoma (especially Dodoma Rural District, Mbeya (Kycia and Mbeya Rural), and Kilimanjaro (Moshi Rural) regions.

Attacks in Singida Region

Dar es Salaam DAILY NEWS in English 8 Mar 82 p 3

[Text]

A total of 57,000 acres of food crops in Singida region were attacked by armyworms this season.

Agriculture of the Singida Region Development Officer has said the pests attacked twice in January and February.

The area attacked represented 72 per cent of fields planted with maize, millet, sorghum and rice, he said.

The attacked area was estimated to produce 4,500 tonnes of food crops this season.

The official pointed out that the peasants replanted half of the attacked area with 114 tonnes of maize, sorghum and millet seeds while the remaining half survived because in some places sorghum and millet plants were too tall to be completely destroyed -- hence the plants grew new shoots.

ARMYWORMS COULD SURPRISE PEASANTS IN THREE REGIONS

Dar es Salaam DAILY NEWS in English 11 Mar 82 p 1

[Article by Halima Shariff]

[Text] IMMINENT armyworm attacks could take peasants in Mbeya, Dodoma and Kilimanjaro regions unawares, apparently because of lack of communication between the Arusha-based Pest Control Research Unit and regional authorities.

According to the Pest Control Unit in Tengeru, several villages in Mbeya Rural and Kyela Districts, Moshi Rural and Dodoma Rural, and to a small extent parts of Arusha region face attacks from the crop destroyer "any time now".

But authorities in Dodoma and Mbeya said yesterday they were not aware of any impending armyworm attacks.

Mbeya Regional Commissioner Kingunge Ngombale Mwiru said in a telephone interview that *Daily News* enquiries about armyworm forecasts could well be the first he had heard about any armyworm attacks in the region.

He declined comment on whether there were enough pesticides to fight the armyworms in the event of attacks forecast by the Research Unit.

Pest Control officials said over a radio call conversation from Tengeru yesterday that most regions had run out of pesticides, and expressed grave concern over this.

In Dodoma Region, armyworms ravaged some 45,000 hectares in Mpwapwa, Kondoa, Dodoma Rural and Dodoma Urban districts. Of these, 20,000 hectares were

completely destroyed and replanting had to be done. The exact extent of the loss has yet to be assessed.

According to Pest Control officials, Dodoma had 22,000 litres of Malathion, 80 litres of Thiodan and 160 litres of DDT stocks. In addition, the region had some 26,365 kilogrammes of DDT — five per cent dust — which were used during the recent attack.

Dodoma Regional Commissioner Christopher Liundi yesterday confirmed that the region still had unspecified quantities of the pesticides.

But he said he was personally not aware of any other impending armyworm attack, implying that the recent forecasts had not been communicated to the region.

On further enquiries, a top official from Dodoma Rural District retorted: "Where did you get this information? We are not informed about any armyworm attacks ourselves".

When asked to comment on the steps taken to supply the regions with pesticides, the Director of Research in the Ministry of Agriculture, Dr.

John Liwenga, said that regions had their own votes for pesticides and insecticides.

He further said that regions worked out the amount of pesticides required in a given period and purchased them from various companies within the country.

CSO: 5400/5924

END

END OF

FICHE

DATE FILMED

15 April 1982